

One Natural Resources Way Springfield, Illinois 62702-1271 http://dnr.state.il.us Pat Quinn, Governor Mare Miller, Director

December 4, 2014

STRATA-X, INC. 1550 LARIMER ST., #263 DENVER, CO 80802

Re: High Volume Horizontal Hydraulic Fracturing Regristration

Gentlemen,

This letter is to notify you that your HVHHF Registration form, which was deemed received on **November 14, 2014**, has been approved. According to the Hydraulic Fracturing Regulatory Act and Associated Rules, you may now submit a High Volume Horizontal Hydraulic Fracturing ("HVHHF") Permit Application 30 days after the above receipt date.

Please be aware that you must submit a HVHHF Permit Application and receive an approved permit from DNR prior to beginning any HVHHF activities. Your HVHHF Permit Application will not be considered filed until one business day after all applicable documents are received by the Department. You will receive notice from this office when the application is considered filed.

Your registration number is **HVHHF-00001**, please use this identifier with your application. For detailed instructions and forms go to: <a href="http://www.dnr.illinois.gov/OILANDGAS/Pages/Hydraulicfracturing.aspx">http://www.dnr.illinois.gov/OILANDGAS/Pages/Hydraulicfracturing.aspx</a>

Please email any questions or requests for assistance to: <u>DNR.IHFHelp@partner.illinois.gov</u>.

Sincerely,

Douglas Shutt

Permitting & Technical Services Unit

217 782-3718

Doug.shutt@illinois.gov



Office of Oil and Gas Resource Management

One Natural Resources Way Springfield, Illinois 62702-1271



#### HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING REGISTRATION FORM HVHHF-01

Initial Registration	Annual Submission		Upda	ate 🗆		
Registrants Name: Strata-X, Inc.						
Person Completing Form: Mr. David Hettich		Title: CF	O, VP	of Land		
Mailing Address: 1550 Larimer Street, #263						
City: Denver						
State: Colorado						
Zip Code: 80202						
Registration # (if known):						
Has the registrant, parent, or any subsidiary/affiliate been found to be in serious violation of any federal or state laws, or regulations in the development or operation of an oil or gas exploration or production site via hydraulic fracturing within the last 5 years?						
Yes 🗆					No 🗏	
If Yes, provide a detailed description as to the	he nature of the violat	ion(s) whe	ether	matters are		
resolved, or current status in Attachment 3						
UNDER PENALTIES OF PERJURY, I DECLA	RE THAT   HAVE EX	KAMINED	THIS	REGISTRATIO	N FORM,	
INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY						
KNOWLEDGE, IT IS TRUE, CORRECT, AND CO	MPLETE.					
PRINT NAME: Mr. David Hettich						
SIGNATURE OF REGISTRAIN						
TITLE: CFO, VP of Land	DATE: 11/5/20	014				

#### NOTE

- 1. This Registration Form is subject to change and therefore the registrant may be required to provide additional information after the adoption of the Hydraulic Fracturing Regulatory Act Administrative Rules.
- 2. Once your registration is approved, if any information changes, you must provide updates within 60 days of the change using this same form and marking the 'Update' box.
- 3. Applications for Hydraulic Fracturing permits will not be accepted until the adoption of the Hydraulic Fracturing Regulatory Act Administrative Rules.



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## HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING REGISTRATION FORM HVHHF-01, Attachment 1 - Proof of Insurance

Please provide proof of insurance to cover injuries, damages, or loss, related	to pollution or
diminution in the amount of at least \$5,000,000 from an insurance carrier au	thorized licensed or
permitted to do this insurance business in this state, that holds at least an A-	rating by A.M. Best &
Co., or any comparable rating service (REF. 1-35(a)(3).	
Please enter text or copy and paste the image of your proof of	insurance:
See attached.	
oss allasirou.	
*	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/5/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	en er each endersement(s).	LCOUTAGE				
Moody Insurance Agency, Inc. 8055 East Tufts Avenue Suite 1000		CONTACT Kara Smith, CISR, CRIS				
		PHONE (A/C, No. Ext): (303) 824-6600 FAX (A/C, No. Ext): (303) 370-0118 E-MAIL ADDRESS: ksmith@moodyins.com				
		Denver	CO 80237	INSURERA:St Paul Fire & Marine Ins Co	24767	
Strata-X, Inc.		INSURER B : Pinnacol Assurance	41190			
		INSURER C:				
1624 Market St.		INSURER D:				
#300A		INSURER E :				
Denver	CO 80202	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:14:	-15 No Forms PEVISION NUMBER				

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

NSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
-	X COMMERCIAL GENERAL LIABILITY					SINGWINE SERVICES	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
A	CLAIMS-MADE X OCCUR				11/4/2014	11/4/2015	MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	<u> </u>						GENERAL AGGREGATE	\$	2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:				I .		PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
A	X ANY AUTO						BODILY INJURY (Perperson)	\$	
	X HIRED AUTOS X AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS				11/4/2014	11/4/2015	80DILY INJURY (Per accident)	S	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	4,000,000
	EXCESS LIAB CLAIMS-MADE				1		AGGREGATE	\$	4,000,000
	DED X RETENTION\$ 10,000		-		11/4/2014	11/4/2015		\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			_			X WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE [ ]	N/A			5/1/2014	Proposition of the Control	E.L. EACH ACCIDENT	\$	100,000
						/1/2015	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
									300

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Pollution covers injuries, damages, or loss, related to pollution or diminution.

CERTIFICATE	HOLDER
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CANCELLATION

Illinois Department of Natural Resources Office of Oil and Gas Resource Managment One Natural Resources Way Springfield, IL 62702-1271 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

K Smith, CISR, CRIS/K

ACORD 25 (2010/05)

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Office of Oil and Gas Resource Management

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#### HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING REGISTRATION FORM HVHHF-01, Attachment 2 – Parent Corporation, Subsidiaries, and/or Affiliates of Registrant

	Subsidiaries, and/or Affinates of Registran	t
	Places were ideal.	
	Please provide Name and Address of any parent corporation, subsidiaries and to the registrant.	d/or affiliates related
	List parent corporation first. Sort by State with Illinois entities listed first, and State by Name.	then sort within the
-	Please enter text	
	The registrant, Strata-X, Inc., is a Colorado Corporation in good starthe Illinois Secretary of State to conduct business in the State of Illin a wholly owned subsidiary of its parent company, Strata-X Energy Ltd is incorporated by Certificate of Incorporation issued pursuant to Business Corporations Act. The Registered office of Strata-X Energy 2080-777 Hornby Street, Vancouver, British Columbia, Canada, V62	ois. Strata-X, Inc. is td. Strata-X Energy the provisions of the Ltd is located at
	The registrant, Strata-X, Inc. has no other parent corporation, subside affiliates other than described herein.	liaries and/or



#### Office of Mines and Minerals

Division of Oil and Gas One Natural Resources Way (217) 782-7756 Springfield, Illinois 62702-1271



# HYDRAULIC FRACTURING PERMITTEE REGISTRATION FORM HVHF-01, Attachment 3 – Violation(s) and Resolution(s)

1/ · 1	
If the applicant, parent, or any subsidiary/affiliate has been found to be in se	rious violation of any
federal or state laws, or regulations in the development or operation of an o	1
redetal of state laws, of regulations in the development or operation of an o	or gas exploration or
production site via hydraulic fracturing within the last 5 years; please provide	a detailed description
as to the nature of the violation(s) and resolution(s).	,

Please sort by State, listing Illinois first, and then sort by violation, listing Fracking violations first.

Please enter text for violations and resolutions:

Not Applicable - the applicant, or its parent, have not been found to be in serious violation of any federal or state laws, or regulations in the development or operation of an oil or gas exploration or production site via hydraulic fracturing within the last 5 years.